

**HIT Policy Committee
Information Exchange Workgroup
Transcript
September 17, 2013**

Presentation

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Good afternoon everyone. This is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Information Exchange Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as the meeting is being transcribed and recorded. I'll now take roll. Micky Tripathi?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Deven McGraw?

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Amy Zimmerman? Arien Malec? Chris Tashjian? Cris Ross?

Christopher Ross, MBA – Chief Information Officer – Mayo Clinic

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Dave Goetz? Jeff Donnell? Jonah Frolich? Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Peter DeVault? Steven Stack?

Steven J. Stack, MD – Chairman – American Medical Association

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Ted Kremer? Tim Cromwell? Are there any ONC staff members on the line?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

This is Kory Mertz.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Kory. I'll pass it back to you Micky.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Thanks everyone for joining. We're going to continue our conversations on the data portability issue. And for those of you who weren't on the call last time, I think if I got the attendance right, I think only Cris Ross maybe wasn't on the last call, is that right? If there's anyone on the call who was not on the last call, could you please speak up?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry. I wasn't on the call either.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, you weren't. Okay.

Steven J. Stack, MD – Chairman – American Medical Association

And I wasn't either. This is Steve.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, okay, all right. So I got that all wrong.

Christopher Ross, MBA – Chief Information Officer – Mayo Clinic

No, this is Cris; I wasn't here either, so I'm glad I'm not the only one who was missing it.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Michelle, Kory, were you on the last call? No, okay, great, so we've actually got a complete disjoint set from the last. I think Deven and I were on the call, and Kory and Michelle. So, okay great. So maybe we do need to spend a little bit more time on the background. So basically what we want to do is from the last HIT Policy Committee meeting, just to refresh everyone, we presented our recommendations related to data portability and there were a lot of questions and suggestions that the Policy Committee had for us to take back and think about before they were comfortable moving forward with a recommendation. And so some of those related to the structure of the approach that we were talking about. That we had talked about an approach that was essentially sort of continuing from where the Stage 2 certification process has some language in there related to data portability. That essentially builds a construct that says that data portability ought to be considered within the framework of interoperability generally, which is to say a CCDA kind of construct as the vehicle for being able to have data be moved from one system to another.

So as one of the principles that we had laid out as a principle, the other was we had recognized that there were a couple of different use cases for this. One was – one of what I would call sort of a provider-centric use case which was the "I'm on one EHR, I want to move to the next EHR." Let's call that data migration. And so I want to be able to get information from my legacy system to my new system. The other one that we had talked about was more of a patient-centric one which is, I'm moving primary care providers, let's say, and I want my information from one PCP to be moved to the other. We had sort of framed that as being two use cases, but they could essentially be covered by our recommended approach and there was a little bit of question back on whether that actually entirely makes sense and whether we might want to think harder about that.

So there were those two framing issues that I think got a lot – generated a lot of comment and a lot of suggestion for us to come back and think about the problem again. So we had, in the last call we had presentations from folks from the S&I Framework, who within the data access framework, DAF, work under the S&I Framework are thinking about certain concepts related to data access that overlap a little bit with these considerations and they may be in a position to take on data portability in certain ways to further this conversation. So we heard from them about where they are and what their thoughts are about this. And we also heard from the EHR Vendors Association on their thoughts related to data portability and some advice there. Let me first pause and see if I got all that right from Deven and Kory.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Yes you did.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Today what I want to do is sort of step back. We do have some of the slides here that are review slides from the – do we have both of the presentations here or just a synthesis of those.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Just a synthesis of both.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

So that's a few slides and since all of you weren't on the call last time, it might make sense for us just to go through those a little bit and then really the punch line for this call today is, well, you're actually – if you're looking on – let's see, in the presentation that was sent to you, it would be slide 10, which is our discussion, which is essentially, how do we want to proceed? And we tried to lay out a couple of quest – a few questions that attacked this from different perspectives, and I think that is really what we want to get to on this call, is really just to get some guidance from all of you. And somewhat of a consensus view, hopefully, on a path forward and then we'll have one more meeting, I think, between now and the next HIT Policy Committee meeting where it would be good if we could give recommendations at that meeting. I mean, if we don't get there, we don't get there, I think, right Kory? I mean, there's no specific timeline related to this one is there? Or is that the meeting that we do need to because this is going to be in Meaningful Use Stage 3.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Well, umm, I guess if we didn't – well I guess – I would defer to Michelle on the overall timeline question. I think we had just teed it up for October –

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Yup.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

– because it seemed like a reasonable timeframe. Michelle if it doesn't, if we don't hit it then and there's still conversations that need to happen, is there still time for later meetings?

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Sorry Kory, say that again?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Oh, so Micky was asking, if they need – if they're not ready for the October HIT Policy Committee meeting, would there be a possibility to do November instead, for instance.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Yeah, I think so. November kind of has a pretty full agenda, but I – this probably, and maybe tell me if I'm wrong, would probably only take 30 minutes, so we could probably fit it in.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Depends on how well behaved the Policy Committee is.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Deven will keep them in line.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, Deven's going to help us on that one. Okay. So, if that makes sense to everyone, I almost wonder and Deven and Kory, since you helped with the slides, let me ask your advice on this. I almost wonder if it makes sense for us to look at slide 10 first, which will give us sort of an eye on what are the questions we're thinking about, and then we can go back and look at the material from the last meeting, and that might give people a little bit of a sharper focus.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

That sounds like a fine idea.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah, makes sense to me.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So, if we could flip ahead to slide 10. So as I said, the idea here was to think about this – is to sort of asked the question broadly earlier, how do we want to tackle this issue from an IE Workgroup perspective and from obviously as providing advice to the HIT Policy Committee. So from a Policy Committee perspective, how do we want to address this? One would be to essentially task the Standards Committee with examining this, within the context of their interoperability work generally. And I think that this would address the issue of – the fact that a lot of conversation at the last Policy Committee was related to, well why is this being considered within the context of interoperability?

And does it make sense to consider it as – to consider sort of the CCDA construct as the right construct for this set of use cases that are under the umbrella of data portability. And in a way, this would just sort of tee up that data portability is an important policy imperative for reasons that we did describe related to the churn in the market and as you have a bigger install base, this is going to be a bigger and bigger issue. In absolute numbers, certainly, the fact that you want to be able to empower patients more and more to be able to have their data be portable across systems and not be tied to a particular provider because they happen to be on a particular system. All of those things and tee up its policy importance, but essentially says we're not the ones who are sorting out all these issues related to the interoperability, data portability and where do those meet and then kick it over to the Standards Committee to figure out. So, that would be one approach, I guess, where we would probably try to sharpen our policy perspective on it, but leave the details to the Standards Committee.

The second approach would be, and I don't think these are necessarily mutually exclusive, would be thinking about splitting this into the two use cases, which is the patient portability side and the provider data migration, and thinking about those in separate ways. I think that would require more work on our part, I'm just guessing, because we haven't really thought about those in different ways. And to the extent that we would need to and I think it was the EHR Vendor Association, I think they were the ones who had suggested that the CCDA construct worked well for the patient use case, but not for the provider one, for example. That would mean that there's a little bit more sort of white space that we would need to start to address in terms of, if we took that approach, then what are the kinds of constructs that would make sense from a provider side and how would we get our arms around a recommendation.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Well Micky, this is Deven. I actually don't know that we have to decide the technical piece of this, and I think the – frankly, the further we stay away from specifying the technical approach to this, the better off we may be in discussing this with the Policy Committee, right?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

I think what our aim should be is to make the policy case for why both of these use cases need to be focused on by standards. So by the Standards Committee and by the S&I Framework, how they divvy up their work, to be honest, is a bit of a mystery to me. But nevertheless, the Policy Committee ideally doesn't see its job as dictating the technical way for this to move forward. So whether they ultimately decide that in fact the CCDA approach works just fine for patient portability, but that a new approach is needed to ensure portability of both clinical and administrative records on the provider end, is – almost should be their determination.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Maybe what we ought to be aiming for is deciding that recommending that this is a necessary focus and building the case for why.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is – sorry, this is Arien. One of the things that I find the most useful on the Standards Committee is a really clear statement of why and a statement of what. Sometimes we get lots of functional requirements that are really hard to parse through and it's most useful to get a kind of mission and with a strong mission, we can task the S&I Frameworks appropriately.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris. I agree with Arien. I'd also just say, I know I'm coming to this without attending the last meeting, and I apologize, but if I put on both by Standards Committee hat and my working CIO hat, I would say that the patient portability issue is appropriate and important. The provider portability issue, I have to admit I'm pretty skeptical about the ability of Policy or Standards Committee to advance the industry in helpful ways. Moving from one platform to another is just really complicated, gut, hard work to do and it's going to be dealing with, often times, going from multiple platforms to one, it's going to be around getting data out of departmental systems and additional to EMRs. I just think it's a real rat's nest of connected wires that the industry just has to figure out. And I would say that about any industry, not just healthcare, but I think in particular in our space it's hard. So I think the certification hurdles for vendors are hard enough already and the requirements on providers are sufficiently high, too. I just think we should stay away from the question about provider portability from one platform to another.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah. Sorry, this is Arien and Cris' comment reminds me that Peter DeVault had a really good clarification in this area that it is – the granularity of data that you need and the mapping that you need to truly migrate from one system to another is pretty mind-boggling if you want business continuity of the organization. But that what we were looking for was the ability to surface up the core clinical record and make sure that at least the core clinical record was portable. And I'd also note that this need overlaps with some work that the S&I Framework Data Access Framework is doing, which is surfacing the need to get the core clinical record out of the EHR for a variety of purposes, including analytics and reporting. And that maybe we need to couple this with that higher-level need to get the core clinical record.

And again, I just want to repeat the notion, as Cris noted, that it's unrealistic in – for Stage 3 of meaningful use to expect to push the button and you've got business continuity in a change of systems. But it is realistic to expect that you can surface the core clinical data for a variety of purposes.

Christopher Ross, MBA – Chief Information Officer – Mayo Clinic

Well usu –

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry – I'm sorry, go ahead and finish, that's –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sorry Larry, this is Cris Ross again. I was going to say, as usual, DeVault and Malec are smarter than I am and more articulate. I guess I would try to go for parsimony, is there a way that we can get the patient portability requirements to be equivalent to those other two uses that you just described; otherwise, it feels really hard to me. Sorry, Larry.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Well, I was going to suggest a couple of things. Number one, I agree that for Stage 3 we're not going to get plug and play from one system over to another, but that doesn't mean that we shouldn't also set up a trajectory for that to be available in Stage 4 or Stage 5 or whenever. The second thing is I think it makes sense to actually take a look at people who have migrated from one EHR to another and see if sending just the core data is sufficient. I mean, I'm someone who converted from one system, from a legacy system to another and I converted everything and I can tell you that was wonderful and I'm glad I did it, but I don't know of use cases – of actual case studies where people have migrated just core sets of information and how well that's worked.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

So, I guess the – I mean the idea with the core clinical record, I guess the idea wouldn't be that that is going to satisfy everyone, or indeed, probably not satisfy anyone's needs. But that at least there is a core that you would be able to start with, and that that's all that we would be able to get our arms around anyway.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right –

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Arien, is that – kind of that right?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And that it overlaps with the need to surface the core clinical record for a population of patients for a variety of purposes, from Cris' parsimony point, you've got one requirement or one need that hits a lot of different functional flows.

Christopher Ross, MBA – Chief Information Officer – Mayo Clinic

I wonder if we could characterize it as multipurpose portability as opposed to necessarily just patient portability. If we could have one spec that served all, it would be ideal.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

But if we're again going to make a recommendation or the Policy Committee's going to make a recommendation, it should be based on evidence and I mean, can we put together some hearing of people who have done migrations and see what their experiences have been and what they've done and what the value has been? I mean, it would make no sense for us to recommend something that has been shown to have no value. Now, I'm not saying that's the case, but we should at least make an effort to try to get some evidence.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Um – well, I guess – is that something that we think would get us information that can help us with the Stage 3 recommendation from a policy perspective? I guess that's the first question I would just put to the group.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

I don't – yeah this is Deven. Frankly, I don't think we have a recommendation that's ready – that could be done in Stage 3 – because I think this is going to – it's going to take them some more time to sort out the technical aspects of this, is what – is basically what I'm hearing. But maybe –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

We shouldn't also over-constrain on what the Standards Committee folks are saying –

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

This is – other thought I just had in my head it's like –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And to, I think it was Micky's point or Larry's point, that if the policy trajectory is clear, that's an important thing for the Policy Committee to state. But I do agree with Larry's point that we should look at real-world EHR transitions and inform what are the – there may be policy levers or there may be policy constraints that are even more important than the portability issue that we're considering.

Steven J. Stack, MD – Chairman – American Medical Association

So, this is Steve. So, I agree with what has been said about not wanting to constrain by trying to over-reach in setting standards, like technical standards. I agree that it's complex and we'll probably end up causing more harm than good if we constrain the marketplace too much. In agreeing with that though, I also, I do think we should be able to set a po – so, we may not be able to do the standards work quite so detailed, but there should be able to be a clear policy statement that it's an expectation of a certified product and vendor that there is data portability. That they will work to support and foster without undue constraint and fees and costs and hassle and roadblocks and all sorts of whatever language is appropriate for this, the transition if need be, from one vendor to another by a purchasing eligible provider or hospital. Because the data shows that a third or more of users will switch EHR – from their first EHR to another one, so, this is an enormous problem because it's an enormous economic burden and barrier. And while there's only isolated cases perhaps that reach national news coverage, those occasional instances where there are disputes on having access to the data are obviously horribly disruptive for those of us who have to provide care, physicians, hospitals, other clinicians. So, I think we should be able to make some kind of policy statement, even if we can't resolve the – and don't – and hopefully wisely don't go into too much detail on the technical side.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien. Can I suggest again a compromise approach that says that the Policy Committee recommend that the core clinical record be extractable from the EHR for a variety of purposes, including analytics, population management and the like. And that the Policy Committee recommend that ONC set a long-term trajectory for complete data portability for EHR transitions and investigate the current situation and do a needs assessment or something of that nature?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

And this is Larry. I'm fine with that, I would feel more fine if we also had some actual evidence of whether there is any value in setting the core stuff, but, I'm fine with near-term, long-term approach.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Right. And as a practical matter, putting together a hear – I mean I always learn a ton at every one of those, but it's – we would never get that before October 2, obviously.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well, and this is Cris. I'm good with Arien's formulation of it, especially if that first part included patient portability in addition to the other purposes. I think there's pretty ample evidence that moving data from one platform to another today is hard and it's hard for some reasons that are real and persistent related to just the complexity of data and so on that look like portability issues that happen in every other industry for other kinds of purposes when you switch vendors. I think Steve's point is a really good one, that there's also some portability challenges that are unnecessary, that seem to be potentially related to vendor desire to lock in customers.

And I think it's perfectly appropriate for the Policy Committee to say that as a principle, vendors should not put in place barriers that would inhibit or prevent portability from one platform to another, I think that makes tons of sense. Whether we want to go further to say, and by the way, the Policy Committee ought to come up with solutions for that, is the place where I think we get into a little bit choppy waters and the comments quoted from Peter and others I think make complete sense.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Right, right. So then going back to Arien's recommendation, which if I understand it, let me just state it in my own words and maybe that will at least confirm or deny whether I understand it. So the idea would be to say that a policy recommendation that a core record portability/migration approach be developed and that ONC be tasked with defining what a longer-term trajectory for what we might call full or complete migration from one system to another be developed.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, let me – just as an amendment, the proposal was that we recommend that the core clinical record for a population of patients be extractable from an EHR for a variety of purposes, including portability, but also analytics, quality measurement and the like, and be able to do so in a standard way. And that ONC set a trajectory for more complete data portability for the purposes of migration from one system to the other and that that work include a needs assessment and potentially to include hearings on what the obstacles – what the real world obstacles are to EHR portability.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Okay and that the concept of the core clinical record for the multiple purposes that would encompass both the patient portability aspect, as well as the provider migration aspect, that's the idea.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yup, that's right.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

Core clinical record and the ability to extract, that is really what we're recommending, and pointing out that that would be good for a variety of purposes. So, is that – so, first off, is everyone comfortable with what Arien just stated?

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Yes.

Christopher Ross, MBA – Chief Information Officer – Mayo Clinic

Yes.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

And –

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth

Collaborative

And then second, Arien, is the concept of the core clinical record, is that well defined in the – somewhere in the S&I Framework? I haven't followed closely the Data Access Framework work.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes, somewhat, yes. There's been a lot of work, there has been a lot of work to identify the most important clinical data that's needed, and I actually think that the current Meaningful Use Stage 2 transition requirements represent a pretty good take at the core clinical record.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

But I don't think the Policy Committee needs to define what a core clinical record is and needs to do.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yean, yeah, no, I totally agree. I was just thinking of the wording that we're going to use, we need to be very careful about, if we use a term like core clinical record, what do we mean by that.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Well, I mean, ultimately it will need to get defined, but in the same way that ultimately certification defined both the core elements of the CCDA as well as the core data set that's required, for example, to be part of view, download and transmit. The Policy Committee didn't actually determine either one of those.

M

Yup.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So we're saying "a" core clinical record.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Yeah, there you go.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Not "the" core clinical record, it is "a" core clinical record.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

In small letters.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, right. Okay. So I think, I mean, it sounds like there's a consensus on this approach. And we obviously will need to put the words down and bat those around a little bit to make sure we've got that right, and more work then sort of developing, to Arien's point, the why and having that be sort of a good narrative from a policy perspective, that we bring to the Policy Committee.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Yeah and I think that part of the – I think it's a great idea and I think part of that narrative would be what we learned from the folks who spoke to us from the EHRA as well as the S&I Framework team about how current interoperability efforts won't necessarily address this sort of overall portability issue. That there will need to be – I mean, obviously the other efforts at interoperability can be building blocks, but that this needs to be a separate focus.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Okay. So in terms of the work ahead, I mean, it seems to me that rather than try to build this on a phone call, that maybe there's just the offline work now. To start – get the wording – get a first draft of the wording done and then have that be the topic for the next call, if that makes sense to everyone. Unless everyone wants to go through a group writing exercise right now, framed that way, I'm sure no one will say yes to that.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

You make it so appealing.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I know. Well, I want to be sensitive to what groups are good for and what they're not good for, and they're definitely not good for writing stuff.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That was excellent leadership.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So, is there anything else that – I mean, I don't know if it's worth going back through the presentation material. I mean, in a way, it feels like we've – some of those – some highlights of that have been reflected in the call, in the discussion we just had and certainly the – stepping back and making sure that we are appropriately focused on the policy dimensions of this rather than on the technical details of how it actually gets accomplished means that I'm not sure how much of that detail we need to go through on this call.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Yeah, I agree with that and what – that Deven has made it out like that, as much as I'm a technologist, I would love to talk about this, you guys are right, that we shouldn't be.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Larry, you ought offer up your free time to get on the Standards Committee, too. Okay. Deven, what do you think? I feel like we've got enough here that we can work offline and develop that actual recommendation language that we can then use for the next call.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Agree. Agreed, yeah, I mean we're fortunate that we have so many of these nice short calls in one month. It's not like people won't have some language to look at the next time around and we can do a little tweaking, but then be good to go. And ideally, if we can present this in October, given the heavy agenda that's on our plates for November, it might be better.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah. No, and it sounds to me like we can. So, okay, great. Well I think we're done. Anyone else – anyone else have any questions or other comments or?

M

This was great. Thank you.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

M

– open the lines? We have to open the lines.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Oh right, yes. I forgot. Public comment.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

– Michelle.

Public Comment

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

I didn't forget. Operator, can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

If you are on the phone and would like to make a public comment, please press *1 at this time. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We have no public comments at this time.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Thanks a lot everyone.

Deven McGraw, JD, MPH – Director – Center for Democracy & Technology

Thank you.

Steven J. Stack, MD – Chairman – American Medical Association

Thank you Micky. Bye bye.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thank you.

Christopher Ross, MBA – Chief Information Officer – Mayo Clinic

Thank you.